Direct Deposit Instructions

Should you elect to have your monthly reimbursement deposited into your checking account, we ask that you also submit a voided check with your paperwork.

Should you elect to have your reimbursement deposited into your savings account, we ask that you submit a deposit slip with your authorization form.

Our mailing address is as follows:

Burbank Employees Retiree Medical Trust c/o Benefit Programs Administration 1200 Wilshire Boulevard, Fifth Floor Los Angeles, CA 90017-1906

Please feel free to contact our office should you have any questions at (888) 806-8944.

Thank you.



